



THE ROYAL NEWFOUNDLAND REGIMENT

ATTESTATION OF

No. 4762 ~~4751~~ Name Jacob Milley Corps meth

Questions to be put to the Recruit before Enlistment.

1. What is your name? 1. Jacob Milley
2. What is your full Address? 2. Burnt Point Bay de Verde
3. Are you a British Subject? 3. yes
4. What is your age? 4. 23 Years 5 Months
5. What is your Trade or Calling? 5. Fisherman
6. Are you Married? 6. no
7. Have you ever served in any Branch of His Majesty's Forces, naval or military, if so,* which? } 7. no
8. Are you willing to be vaccinated or re-vaccinated? 8. yes
9. Are you willing to be enlisted for General Service? .. 9. yes
10. Did you receive a Notice, and do you understand its meaning, and who gave it to you? 10. Name
Corps
11. Are you willing to serve upon the conditions as embodied in the roll of service to be signed by you if you are accepted? 11. yes

I, Jacob Milley do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements made.

A
27-4-18
Jacob Milley SIGNATURE OF RECRUIT.
James Arkle Signature of Witness.

OATH TO BE TAKEN BY RECRUIT ON ATTESTATION.

I, Jacob Milley do make oath, that I will be faithful and bear true allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will, as in duty bound, honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity against all enemies, according to the conditions of my service.

CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.

The Recruit above named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me at St. John's on this 27 day of April 1918
Signature of Attesting Officer James Hewitt

†CERTIFICATE OF APPROVING OFFICER.

I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the required forms appear to have been complied with. I accordingly approve, and appoint him to the
If enlisted by special authority, such will be attached to the original attestation.
Date 191
Place } Approving Officer.

† The signature of the Approving Officer is to be affixed in the presence of the Recruit.
‡ Here insert the "Corps" for which the Recruit has been enlisted.

* If so, Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate of Discharge and Certificate of Character, which should be returned to him conspicuously endorsed in red ink, as follows, viz:—(Name) re-enlisted in the (Regiment) on the (Date)

DESCRIPTIVE REPORT ON ENLISTMENT

18033-P

Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Name Jacob Milley
 Apparent age 23 years 5 months. Height 5 feet 5½ inches
 Chest Measurement { Girth when fully expanded 40 inches
 Range of expansion 4 inches
 Distinctive marks _____

INFORMATION SUPPLIED BY RECRUIT

Name and Address of next of kin Edward Milley, Burnt Point, Bay de Verde | Relationship Father

Particulars as to Marriage

(a) Christian and Surname of Woman to whom married, and whether spinster or widow. (b) Place and date of marriage. (c) Present address. (d) Initials of Officer verifying entry.

(a)	(b)	(c)	(d)

Particulars as to Children

Christian Names	Date and Place of Birth

STATEMENT OF THE SERVICES

Corps in which served	Rgt. or Depot	Promotion, Reductions, Casualties, &c.	Army Rank	Dates	Service not allowed to reckon for fixing the rate of pension		Service in Reserve not allowed to reckon towards G. C. Pay		Signature of Officers certifying correctness of entries
					Years	Days	Years	Days	
Service towards limited engagement reckons from <u>27-4-18</u>									
Joined at <u>St. John's</u> on <u>April 27-1918</u>									
<u>Discharged July 1919</u>									
<u>Embarked St. John's train to Halifax N.S. 11-6-1918</u>									
<u>Admitted Alexandra Hospital Colham St. John's Coonra N.S. 1918</u>									
<u>to Newfoundland for demobilization 22-5-1919</u>									
<u>Arrives Newfoundland 11-6-1919.</u>									
<u>Demobilization St. John's 8-7-1919</u>									
Total Service forfeited as above.....									
Total Service towards Engagement to <u>8-7-1919</u> (date of discharge) <u>1</u> years <u>73</u> days									
" " Pensions " " " " " " " " " " " "									

J Milley

C.R. 4762

~~1880~~

To be used only for Special Reserve Recruits, and for Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY

OF

Surname Wiley Christian Name Jacob

Table I.—GENERAL TABLE.

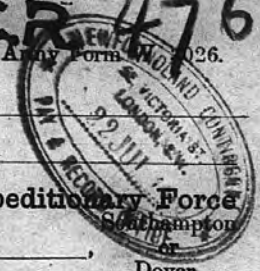
Birthplace:—Parish Burat Pk B.D.V. County Nfld

	SPECIAL RESERVE.		REGULAR ARMY.	
	Right	Left	Right	Left
Examined	on <u>27</u> day of <u>April</u> 191 <u>8</u>	on	day of	191
	at <u>St John's, Nfld.</u>	at		
Declared Age	<u>23</u> years	days	years	days
Trade or Occupation	<u>Fisherman</u>			
Height	<u>5</u> feet <u>5 1/2</u> inches		feet	inches
Weight	<u>147</u> lbs.		lbs.	lbs.
Chest Measurement	Girth when fully expanded...	<u>40</u> inches		inches
	Range of Expansion...	<u>4</u> inches		inches
Physical Development				
Vaccination Marks	Arm			
	Number			
When Vaccinated				
Vision	R.E.—V= <u>6/6</u>		R.E.—V=	
	L.E.—V= <u>6/20</u>		L.E.—V=	
(a) Marks indicating congenital peculiarities or previous disease	(a)		(a)	
(b) Slight defects but not sufficient to cause rejection	(b)		(b)	
Approved by (Signature)	<u>Lambert Paterson</u>			
(Rank)	<u>Major</u>			
	Medical Officer.			Medical Officer.
Enlisted	at <u>St John's, Nfld.</u>	at		
	on <u>27</u> day of <u>April</u> 191 <u>8</u>	on	day of	191
Joined on Enlistment	Corps.	Regtl. No.	Corps.	Regtl. No.
	<u>The Royal Nfld Regt.</u>	<u>4762</u>		
Transferred to				
Became non-effective by				
	on	day of	191	on
		day of	191	
[Signature]				
[Rank]				

C. 2.—Casualties.

1513

CR 4762



ALEXANDRA

HOSPITAL, at

GOSHAM

Affiliated to _____

NOMINAL ROLL of Sick and Wounded from the * U.K. TROOPS Expeditionary Force

admitted on 19/7/19 from Hospital Ship -----

Dover.

* Here insert which Expeditionary Force.

NOTE.—These rolls should be forwarded direct to the War Office, Alexandra House, Kingsway, W.C., *not later than the day after admission*; envelopes to be marked C. 2, Casualties; rolls are not to be telegraphed in advance.

Regtl. No.	Rank	Name (Surname first)	Corps	Disease or Injury (State whether sick or wounded, and whether slight, severe or dangerous)
4762	Pte.	Milley, Jacob.	2/Bn. R. Nfld R.	Cornea Ulcer.

C.R. 4762

Extract From Daily Orders Part 11. from Unit The Royal Rifles.
Regiment, St. John's, dated June 14th 1918.

4762 Pte J. Milley

Embarked for Overseas with draft 11-6-18.

CR. 4762

Extract from Daily Orders Part A1 Depot, St. Johns,

Date June 18th 1919.

4762, Pte. J. Milley.

Reported at Headquarters 1/6/19. ex "Corsican"
which sailed Liverpool May 22/1919.

C.R. 4762

Extract from Daily Orders Part 11 Unit ⁴the Royal Nfld.
Regt. St. John's, 11-7-19.

The discharge of the undernoted on demobilization has been
CONFIRMED by Officer i/c Records from ⁸11-7-19.

4762 Pte. Jacob Milley.

C.R. 4762

Extract from Daily Orders Part II Unit The Royal WFLA.
Regt. St. John's, June 25th, 1919.

The discharge of the undersigned on demobilization has been
APPROVED by G.O. Discharge Depot with effect from 24-6-19.

4762 Pte. Jacob Milley.

Extract from Daily Orders part 11, from Unit The Royal [#] ~~fld~~
Regt. St. John's, dated April 29, 1918.

#4762 Pte. J. Milley.

Attested for General Service with the Royal [#] ~~fld.~~ Regt.
from 27/4/18.

Nº 4027 ^A



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Jacob Milley, Regl. No. 4762

hereby agree, until further notification by me, and in similar official form to make an Allotment of
..... Dollars and Sixty Cents, per diem, from my Pay,

to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz :

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3895	Father	Edward Milley	Resort Point, B IV Conception Bay	
			Total Allotment, £	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) James A. [Signature]
Officer Commanding
Company
John A. [Signature]
16 May 1918 1918

(S) Jacob Milley
(Rank) Pvt

FORM K

No 4027 a



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Jacob Milley, Regt. No. 4762

hereby agree until further notification by me, and in similar official form to make an Allotment of Sixty Dollars and 00 Cents, per diem, from my Pay, to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons concerned, viz. :

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3895	Father	Edward Milley	Point Point, B D V Conception Bay	
			Total Allotment, \$	60

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, countersigned by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.)

James Sicut

Officer Commanding
A. Company

(Sig.)

Jacob Milley

(Rank)

Pte.

H. John
may 16th 1918

191

No. 6782/1073.

C

P.D. 099651

N.F.P./79.

NEWFOUNDLAND CONTINGENT

From:

Chief Paymaster & O. i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To:

Officer Commanding,
~~2/Battn~~ Royal Nfld Regiment,
Winchester.

2 - JUN 1919

5th May 1919.

May 6th 1919

Subject: 4762 Pte Milley, J.

With reference to the following telegram (160) from the Hon. Minister of Militia, received

Receipt hereunder.
of Seaman to fr.

LEUT. COLONEL.
COMMANDING 2ND BR. CORPS NEWFOUNDLAND REGT.
Royal Newfoundland Regiment

£6.0.0

Draft £6:0:0d is enclosed for payment to this Soldier. Kindly obtain his receipt hereon.

Received the sum of £6.00 on account of cable remittance from Newfoundland.

A. D. Munro

J. Milley

Chief Paymaster & O. i/c Records.

No. 4762 Rank pti
Geo Kerr

No. 3040/455.

N.F.P./79.

067509/10

FROM: NEWFOUNDLAND CONTINGENT

Chief Paymaster & O.i/c Records,
Newfoundland Contingent,
Pay & Record Office,
58, Victoria Street,
London, S.W. 1.

To: Officer Commanding,
2nd Bn. Ryl Nfld Regt.
Winchester.

21st February 1919

Feb. 24th 1919

4762. Pte Milley. J.

Receipt hereunder.

With reference to the following
telegram from the Minister of
Militia / / (38.)

J. J. Barton

LIEUT. COLONEL,

"Pay to-4762. Milley.

COMMANDING 2ND BN. ROYAL NEWFOUNDLAND REGT.

£14.0.0.

Received the sum of £14.0.0.

Cheque £14.0.0. is enclosed
for payment to this Soldier.
Kindly obtain his receipt
hereon.

Fourteen pounds. in respect of
telegraphic remittance from the
Minister of Militia.

J. H. Marshall
Chief Paymaster & O. i/c Records.

J. Milley (x his mark)
No 4762 Rank Pte.

Witness Geo. Perry l/c

Willey J

4762

May 20th

July 11, 1919

#4762 Pte. Jacob Malley,

Burnt Point, B.D.V.

Dear Sir:-

Referring to your application I enclose cheque for
Seventy dollars (\$70.00), being amount of first payment due
you on account of the War Service Gratuity.

Yours truly

Captain,
Paymaster & U.I/c Records.

DEPARTMENT OF MILITIA.

WAR SERVICE GRATUITY.

St. John's, Newfoundland.

Declaration required of Officers and men of the Royal Newfoundland Regiment, who claims War Service Gratuity under Order-in-Council dated January 28th. 1919.

A complete reply must be given to every question in this Declaration There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE OFFICER I/C RECORDS, PAY & RECORD OFFICE, ST. JOHN'S.

- Christian name... *Jacob* 2. Surname... *Miles*
3. Rank... *Pte* 4. Regtl. No. *4762*
5. Address in full to which future payments of gratuity are to be forwarded... *Bourne Bourne B. N. Y.*
6. Date of enlistment in the Regiment... *april 27/18*
7. Name of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge.....
8. Relationship of such dependents... *no*
9. Address in full of such dependents... *no*
10. Is said dependent, now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?..... *no*
11. Were you on active service only in Nfld, if so, give dates and particulars of such service... *Overseas*
12. Give total length of time which you served on active service, whether in Nfld. or Overseas... *Further*
- Months and 5 days*

13. Have you had more than one enlistment? If so, give particulars of discharge and re-enlistments, and under what regimental numbers.

.....
.....
.....

14. Have you already received any payment of Post Discharge pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

.....
.....

15. Have you been issued with a War Service Badge?

16. Have you, during the present war, served in the Imperial Forces?

17. Are you entitled to receive, or have you received any Gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

18. Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

(b) If so, was such reversion in consequence of Misconduct or inefficiency?

19. Are you now serving in the Regt.? If not give:- (a) Date of discharge. (b) Reason for discharge.

.....
.....

20. Did you at any time serve at the front in an actual theatre of War? If so give particulars of places, and dates of such service.

.....
.....

21. (a) Are you receiving treatment from the Civil Re-Establishment Com. (b) If so are you in receipt of full pay and allowances from that Committee.

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under Oath.

Signature of Applicant: *Jacob Melley*
 Place of Residence: *Burns Point B.D.V.*
 Declared before me at: *St. Johns*
 This *23* day of *June* 19*19*....

John M. Carthy
 Signature of Barrister of the
 Supreme Court, Stipendiary Magistrate,
 Notary Public, Justice of the
 Peace, or Commissioner of affidavits.

POST DISCHARGE PAY.				
Date paid	Paid Soldier.	Paid Dependent.	War Service Gratuity.	Net amount due
.....
.....
.....
Certified correct.			Paymaster	

.....
 Soldier, Dependent, Gratuity, due

July 8, 1919

#4762 Pte. Jacob Milley

Burnt Point,

B. de. V.

Dear Sir:-

Please find enclosed Discharge Certificate

#2799

Yours truly

Paymaster & i/c Records.
Captain

The Royal Newfoundland Regiment

Class for Demobilization:—

6.

Report of Demobilization
Travelling Board, held on soldier for
discharge.

Discharge Depot: Headquarters The Royal Newfoundland Regiment

Date 23. 6. 19

Regimental No. 4762

Name Milley Jacob

Rank

Address 13 West Point

Present Medical Category A7

Recommended for:— (a) Immediate discharge

(b) ~~Standard Medical Board~~

Members of Board

R. H. Lat Major
O.C. Discharge Depot.

H. H. H. H.
Senior Medical Officer

W. E. Burden
M. O. Depot

The Royal Newfoundland Regiment

DEMobilIZATION OF

Reg. No. 4762 Rank Private Name Bar Melley Jacob
 Date of Enlistment 27-4-18 Address Barrett St District B. 81
 Occupation Fisherman Classification for Discharge 14 Medical Category A. 1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 268	B 121	N. F. Med	D. F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Date 23-6-19 O. C. Discharge Depot. [Signature]

PARTICULARS FOR DEMobilIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.
Melley J

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing.

Certified that Clothing Regulations have been complied with:—
 (a) Clothing Allowance payable \$60.00
 (b) Clothing Supplied [Signature]

Date 23-6-19 O i/c. Re-clothing _____

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R.1898 to his home at Burns Point B.D.V. and Release Certificate No. 2972 issued.

Date 23-6-19 *J.A. Snowball*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 8-7-19

Date 23-6-19 *J.H. Murrell*
Depot Paymaster.

Discharged approved for 24-6-19
Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 268	B 121	N.F. Med	D.F. 1
B 178	W 3494	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B179c	B 120	M 93		

Form B

Date 23-6-19 *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUN 24 1919 *R. H. Tait Capt.*
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. *R. 1898* to his home at *Burnt Point* and Release Certificate No. *2972* issued.

Date *23-6-19* *B.D.V.* *J.A. Snowball*
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to *8-7-19*

Date *23-6-19* *J.A. Snowball*
Depot Paymaster.

Discharged approved for *24-6-19*
Forwarded with following documents to O.C. Discharge Depot.

N.F. 136	B 268	B 121	N.F. Med	D.F. 1
B 178	W 349A	B 122	Board 1st	" 2
B 178a	D 400A	B 1915	do 2nd	" 3
B 179	D 400B	Form L	do 3rd	" 4
B 179a	D 400C	Form K	do 4th	" 5
B 179b	B 103	ME 2		" 6
B 179c	B 120	M 93		

Form B

Date *23-6-19* *J.A. Snowball*
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—
Officer in Records.
Board of Pension Commissioners.

with following additional documents.

Date *JUN 24 1919* *Eligible for War Service Gratuity*
R. H. [Signature]
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date

Civil Re-establishment Committee



I HEREBY CERTIFY that I have had an interview with the Vocational Officer of the Civil Re-establishment Committee or other recognized vocational agent of the Committee who has explained to me the provisions made by the Committee for the industrial re-training of disabled or partially disabled sailors and soldiers as well as the readiness of the Committee to assist any returned sailors and soldiers (whether disabled or not) to find employment. My decision is as follows:

To resume former Occupation,

Signature of Man.

J. A. Snow Capt. Milley J

Reg. No. 4762

Signature of the Vocational Officer or his Representative.

Place **ST. JOHN'S.**

Date **23-6-19** 191

Note.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve. In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal New Zealand Land* 7. Former Trade or Occupation } *Gasfitter*
2. Regtl. No. *4763* 3. Rank. *plte* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Milley* *jaesb* (a) Former Regts. or Corps; with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday, *24*
6. Posted for duty on at in category (or grade)
8. If the disability is an injury was it caused
 - (a) in action (b) on field service
 - (c) on duty (d) off duty? (b) Date of Discharge;
 - (c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state:—
 - (a) When (d) Particulars of Pension or Gratuity (if any)
 - (b) Where
 - (c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 a (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."
11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are (a) attributable to (b) aggravated by

- (i.) Service during the present war
- (ii.) Previous active service
- (iii.) Climate in pre-war service
- (iv.) Ordinary military service before the war
- (v.) Serious negligence or misconduct on the man's part. }

14 (a). If not due to any of these causes, to what specific condition do you attribute it?

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

He complains of no Disability

In all cases such as facial injuries, eye, ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs where possible; and in cases of amputation the exact position should be stated.

16. Was an operation performed? If so, when and what was its nature?

17. If not, was an operation advised and declined?

18. *In the case of loss or decay of teeth,—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?

19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Repatration

20. Do you recommend—

(a) Discharge as permanently unfit?

(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W. P. Prosser *Capt Rame*

Station .. *Fazeley Stan*

Date .. *10/4/19*

Medical Officer in charge of case.

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause

FORM K

N^o 4027



1ST. NEWFOUNDLAND REGIMENT

ALLOTMENTS

I, Jacob Milley, Regl. No. 4762
 hereby agree, until further notification by me, and in similar official form to make an Allotment of
 Dollars and Sixty Cents, per diem, from my Pay,
 to, and for the benefit of the undermentioned Person ^{and}/_{or} Persons, such payment to be made on proof
 of identity of, and production of the relative Identity Certificates by the Person ^{and}/_{or} Persons
 concerned, viz.:

Allotment begins 1st June 1918

Identity Certificate No.	Whether Wife, Child, other Relative or Friend	NAME (in full)	ADDRESS	AMOUNT (each person)
3895	Father	Edward Milley	Quint Point, B.D.V. Conception Bay	
Total Allotment, \$			60	

NOTE.—This form must be completed by the Officer Commanding Company, signed by the Volunteer, counter-signed by the Officer Commanding Company and handed to the Paymaster as authority to make the required payments on application.

Sig.) James Sicut
 Officer Commanding
A. Company
St John's
May 16th 1918

(Sig.) Jacob Milley
 (Rank) Pte

ST. JOHN'S, JUN 23 1919

Royal Newfoundland Regiment.

Billeting Account,

To Plt. J. Milley

Billeting Soldiers as undermentioned

from June 1st /19 to June 24th /19

4262 Plt. J. Milley 24 90

ACCOUNT

CH. NO. 24784

IND. LEDGER

PAY LEDGER

GEN. LEDGER

INITIALS

INITIALS

INITIALS

Certified correct for \$

24.

90

J. H. Shaw Capt.
Billeting Officer.
Jacob Milley

Squadron, Troop, Battery and Company Conduct Sheet.

Army Form B. 121.

Forms
B. 121.
39.

Number of Sheet one

Regiment of Royal Newfoundland

Signature of O. C. Company Wm. Churchill

Regimental Number and Name		Enlistment		Trade	Good Conduct Badges, Service pay or proficiency pay
No.	<u>4769 Milley W.</u>	Age on	<u>23</u> years <u> </u> months	<u>fisherman</u>	
Joined		Date	Place and Date of Enlistment	Religion	
Joined		Date	<u>27.4.18</u>	<u>Method</u>	
Joined		Date	Period of } with Colours / <u>7 1/2</u> years. with Reserve <u>3 1/2</u> years.	Place of Birth	
Joined		Date		<u>Burnt Pt. N.D. V</u>	

Place	Date of Office	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
<u>Anglesey New Camp</u>	<u>1.4.18</u>	<u>PC</u>		<u>absent from Church parade</u>	<u>Cpl Mercer</u>	<u>14 days CB</u>	<u>1.4.18</u>	<u>Capt Emerson</u>	<u>J.M.C.</u>
<u>" " "</u>	<u>19.3.19</u>	<u>"</u>		<u>absent from 3 P.M. parade</u>	<u>C.S.M. Galgay</u>	<u>2 days CB</u>	<u>20.3.19</u>	<u>Squad. Loe Messumier</u>	
<u>" " "</u>	<u>31-3-19</u>	<u>"</u>		<u>absent from 11.45 P.M. parade</u>	<u>Cpl Puck</u>	<u>2 days C.B.</u>	<u>1.4.19</u>	<u>Capt G. Emerson</u>	
<u>Anglesey Down Camp</u>	<u>8.5.19</u>	<u>"</u>		<u>absent from Roll Call at 9.30 until Reville (19-5-19)</u>	<u>C.S.M. Galgay</u>	<u>2 Days CB</u>	<u>9.5.19</u>	<u>Capt G. Emerson</u>	
				<u>Demobilized</u>	<u>Spohn's</u>	<u>8</u>	<u>7/19</u>		

To be carried over

The Royal Newfoundland Regiment

DEMOBILIZATION OF

Reg. No. 4762 Rank Plt. Name Des. Mulley, J. G.
 Date of Enlistment 27-4-18 Address Barrett St. District B. 87
 Occupation Fisherman Classification for Discharge H. Medical Category H. 1
 Recommendation S. M. B. _____ Disability Rating _____

Passed to Demobilization Officer with following documents:—

N. F. 136	B 288	B 121	1	N. F. Med	"D.E. 1	1
B 178	W 3494	B 122		Board 1st	" 2	
B 178a	1 D 400A	1 B 1915		do 2nd	" 3	3
B 179	D 400B	Form L		do 3rd	" 4	
B 179a	1 D 400C	Form K		do 4th	" 5	
B 179b	B 108	ME 2		" 6	" 6	
B 179c	B 120	M 93				

Date 23-6-19 for H. J. W. Jr.
O. C. Discharge Depot.

PARTICULARS FOR DEMOBILIZATION

1. Civil Re-Establishment.

I am _____ in a position to resume civilian occupation.

Mulley J

Particulars passed to Vocational Officer for information and action.

Date _____

2. Clothing:

Certified that Clothing Regulations have been complied with:—

- (a) Clothing Allowance payable Geo. J. Mulvey
 (b) Clothing Supplied Geo. J. Mulvey

Date 23-6-19

O i/c. Re-clothing

3. Transportation and Release Certificate.

The above named has been provided with Travelling Warrants No. R. 1898 to his home at Burns Point and Release Certificate No. 2972 issued.

Date 23-6-19 ^{B.D.V.}

J.A. Lambart
Demobilization Officer

4. Pay and Allowances.

The herein named soldier's accounts have been correctly balanced and all matters in connection therewith settled. He has received pay and allowances to 23-1-19

Date 23-1-19

H. M. Smith
Depot Paymaster.

Discharge approved for 24-6-19

Forwarded with following documents to O.C. Discharge Depot.

N.F. P/36	B 288	B 121	<input checked="" type="checkbox"/> N.F. Med	D.F. 1	
B 178	W 3494	B 122	Board Ist.	" 2	
B 178a	D 400A	B 1915	do 2nd.	" 3	2 Form B
B 179	D 400B	Form L.	do 3rd.	" 4	
B 179a	D 400C	Form K.	do 4th.	" 5	
B 179b	B 103	ME 2.		" 6	
B179c	B 120	M 93.			

Date 23-6-19

J.A. Lambart
O. C. Discharge Depot.

APPROVED.

Documents as above forwarded to:—

Officer i/c Records.
Board of Pension Commissioners.

with following additional documents.

Eligible for War Service Gratuity

Date JUL 24 1919

H. M. Smith
O. C. Discharge Depot.

Received the above noted documents from O. C. Discharge Depot.

Date July 4/19

MacLennan
for release

Reg. No. *4862* Rank *Plt* Name *Willey Jas.*
Attested Address *Burnt Point*
Allotment: Allottee
Date of Assignment Returned from Overseas *29-5-19*
Returned on S.S. *Corsican* Cause *Discharge*

23 6 14
24 6 19

PASSED TO DEMOBILIZATION OFFICER
DISCHARGE APPROVED ON DEMOBILISATION.



Descriptive Return of a Soldier Discharged on Account of Disability

INSTRUCTIONS—This form is to be completed in the case of every discharged soldier whose claim to pension, on account of disability, is to be submitted for the consideration of the Pensions and Disabilities Board.

This section should be completed in the Hospital at which a man is attending at the time of his examination by a Medical Board, or, if the man is not in Hospital, by the Medical Officer of the Unit or Command Depot. The Soldier should be given a full opportunity of examining it, as, if awarded a pension, his subsequent identification depends on his confirming this declaration. The "Rank," "Station" and "Date" should be in his own handwriting.

The form will then be attached to the Proceedings of the man's Medical Board and will be forwarded to the Office Records together with the remainder of the man's documents.

Changes occurring in the description subsequent to the date of admission to pension should be noted in red ink.

Name in full

Jacob Milley

Regiment from which discharged

Royal Newfoundland

Regimental number

4762

Intended address

Burnt Point. B.S.V

Height on discharge

5 Feet *7*

Color of hair on discharge

Black

Complexion

Fair

Color of eyes

Grey

Descriptive Marks

—

Figure on discharge

Medium.

Christian name of Father

Edward.

Christian name of Mother

Maria

Wife's maiden name in full

—

Date and place of marriage

—

Christian names of children

—

Place and date of soldier's birth

Burnt Point, Feb 5th, 1895

Nature and locality of civil employment required

I declare that I am the soldier referred to above and that all the particulars contained in the above statement are, to the best of my knowledge, correct.

(Soldier's signature in full)

Jacob Milley

Rt
(Rank)

Station

Date

23-6-19

I certify that the above named soldier signed the foregoing declaration in my presence, and that the above description and details are, to the best of my knowledge correct.

Medical Officer of Hospital.
Unit, or Command Depot.

Station

Date

Demobilization Form 2

The Royal Newfoundland Regiment

PROCEEDINGS ON DISCHARGE

1. No. 4762 Rank Pfc Name Phillip Jacob
 Intended place of residence Burnt Pt - B. P. V.

2. Occupation Fisherman
 Classification of soldier E Medical Category A 1

3. The above named man is discharged in consequence of
DEMOBILIZATION
 Eligible for War Service Gratuity

4. His accounts are correctly balanced and I have impartially inquired into all matters brought before me, in accordance with Regulations.
 Place, ST. JOHN'S
 Date JUN 23 1919
 Commanding Discharge Depot
 The Royal Newfoundland Regiment

CERTIFICATE TO BE SIGNED BY SOLDIER ON DISCHARGE

5. I hereby acknowledge that I have received all my pay and allowances (including clothing allowance) and all just demands up to the present date, and hereby release the Discharge Depot, Royal Newfoundland Regiment, of all financial responsibility in my connection.
 Place, ST. JOHN'S
 Date 23-6-19
 Signature of soldier Phillip J
 Signature of witness J. A. Howley Capt.

CIVILIAN RE-ESTABLISHMENT CERTIFICATE TO BE SIGNED BY SOLDIER

6. I hereby certify that I am in a position to resume civilian occupation immediately on discharge.
 Place, ST. JOHN'S
 Date 23-6-19
 Signature of soldier Phillip J
 Signature of witness James C. Reynolds

STATEMENT OF SERVICE

7. Enlisted for service 27-4-18 No. of days on Military
 Discharged from service 24-6-19 Plus 14 days Service 438

APPROVAL OF DISCHARGE

8. The discharge of the above mentioned soldier is hereby approved to be confirmed by the Officer in Charge Records, The Royal Newfoundland Regiment, twenty-eight days from date.
 Place, ST. JOHN'S
 Date JUN 24 1919
 Officer Commanding Discharge Depot
 The Royal Newfoundland Regiment

CONFIRMATION OF DISCHARGE

9. The discharge of above mentioned soldier is hereby confirmed.
 Place, ST. JOHN'S
 Date July 8/1919
 Officer in Charge Records
 The Royal Newfoundland Regiment

CPB 2079/3799

NOTE.—This Form is only to be forwarded to the Ministry of Pensions in cases of discharge under para. 392 (xvi. or xvii.), King's Regulations, and in cases of discharge under para. 392 (vi.), King's Regulations, when the soldier has suffered impairment in health since his entry into military service, or in cases of transfer to Class P., or P. (T), of the Reserve.

In cases of soldiers not discharged or transferred to the Reserve as above, but who are qualified by length of service to consideration for a Service Pension this Form is to be sent to the Secretary, Royal Hospital, Chelsea, S.W. 3.

Medical Report on a Soldier Boarded Prior to Discharge or Transfer to Class W., W. (T), P., or P. (T), of the Reserve.

1. Unit and Corps. *Royal Newfoundland* 7. Former Trade or Occupation } *Fisherman*
2. Regtl. No. *4762* 3. Rank. *Pvt* 7a. If the soldier claims previous service in Army, he should state—
4. Name *Milley* *Jacob* (a) Former Regts. or Corps. with Regtl. Nos.
- (Surname) (Christian Names)
5. Age last birthday. *24*
6. Posted for duty on..... at.....
in category (or grade).....
8. If the disability is an injury was it caused
(a) in action (b) on field service
(c) on duty (d) off duty? (b) Date of Discharge :
(c) Cause of Discharge.
9. If a Court of Inquiry was held on an injury state :—
(a) When (d) Particulars of Pension or Gratuity (if any)
(b) Where.
(c) Opinion of Court

NOTE.—The foregoing particulars are to be filled in and A.F.B. 179 B (statement by the soldier) completed before the soldier is seen by the Officer in charge of the case.

Statement of Case.

NOTE.—The answers to the following questions are to be filled in by the Medical Officer in charge of the case. In answering them he will take care to confine himself exclusively to the medical aspect of the case and to such information as may be recorded in the invalid's military and medical documents. He will also carefully distinguish and clearly state when cases are due to venereal disease.

10. If brought forward for invaliding, disability in respect of which invaliding is proposed to be stated here. (Other disabilities should be reported upon in answer to question No. 19). If no disability enter "nil."

11. Date of origin of disability. *nil*
12. Place of origin of disability. *nil*
13. Give concisely the essential facts of the history of the disability in so far as it is recorded in the Medical History Sheet bearing on the case and in other relevant official documents. *nil*

14. State whether the disabilities are
- | | (a) attributable to | (b) aggravated by |
|--|---------------------|-------------------|
| (i.) Service during the present war | ✓ | |
| (ii.) Previous active service | ✓ | |
| (iii.) Climate in pre-war service | ✓ | |
| (iv.) Ordinary military service before the war | ✓ | |
| (v.) Serious negligence or misconduct on the man's part. } | ✓ | |

- 14 (a). If not due to any of these causes, to what specific condition do you attribute it? }

15. What is his present condition?

(A note should be made as to Weight in all cases when it is likely to afford evidence of the progress of the disability.)

No complaint of no disability

In all cases such as facial injuries, eye ear, nose and throat, disabilities, etc., a specialist's report is to be attached with radiographs when possible; and in cases of amputation the exact position should be stated.

16. Was an operation performed? If so, when and what was its nature?
17. If not, was an operation advised and declined?
18. *In the case of loss or decay of teeth.—Is the loss of teeth the result of wounds, injury or disease directly attributable to active service or through service under such conditions that dental treatment was unobtainable?
19. Give particulars of any other disabilities existing, but not in themselves sufficient to cause invaliding. State whether or not they are attributable to or have been aggravated by service during the present war, and if so, to what or by what specific military conditions?

Repatriation

20. Do you recommend—

- (a) Discharge as permanently unfit?
(b) Change to United Kingdom?

Note—(b) is only applicable to soldiers invalided at Foreign Stations.

W.E. Procmier *Officer*

Station *Hazley Down*

Medical Officer in charge of case.

Date *10/4/19*

* Loss of teeth on or immediately after active service, should be attributed thereto, unless there is evidence that it is due to some other cause.